

Foster Family Home - Corrective Action Report

Provider ID: 4-100012

Home Name: Julie Bonilla, CNA

Review ID: 4-100012-4

1025 Kokomo Road

Reviewer:

Haiku HI 96708

Begin Date: 4/3/2015

End Date: 4/12/15

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.a.1. State name check lapsed for all caregivers. CG #1 State name check done 10/30/14 and due 4/5/14. CG #2 State name check done 10/30/14 and due 8/23/14.

7.1.a.1. State name check lapsed for all HHM's. HHM #1 State name check done 10/30/14 and due 4/5/14. HHM #2 State name check done 10/30/14 and due 7/19/14.

7.1.a.2. APS/CAN check lapsed for CG #1. APS/CAN check done 11/25/14 and due 9/26/14.

7.1.a.2. No 2014 APS/CAN checks for all HHM's. HHM's has 2013 APS/CAN checks on file.

Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.b.5. No confidentiality/privacy rights training found in file.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.b.8. No current bloodborne pathogen clearance for all caregivers.

41.f.1. No 2015 TB clearance for HHM #1. Done 1/8/14 and due 2/18/15. HHM #1 10/20/14 TB clearance is not within the 30 days prior for compliance.

41.f.1. No 2015 TB clearance for HHM #2. Done 1/21/14 and due 2/21/15. HHM #2 10/20/14 TB clearance is not within the 30 days prior for compliance.

Foster Family Home - Corrective Action Report

Foster Family Home **Physical Environment** **[17-1454-48]**

48.(e) The home shall have policies regarding smoking on the property that:

Comment:

48.e. No smoking policy found in file.

Foster Family Home **Quality Assurance** **[17-1454-48.1]**

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.a. No emergency preparedness plan found in file.

Foster Family Home **Insurance Requirements** **[17-1454-49]**

49.(a)(1) General;

Comment:

49.a.1. No current liability insurance found in file. Last policy was 11/30/10. No clients currently in home.

Foster Family Home **Fiscal Requirements** **[17-1454-49.1]**

49.1.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

49.1.a. No CCFFH budget found in file.

Foster Family Home **Client Rights** **[17-1454-50]**

50.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

50.b.15. No visiting hours policy noted in file.

Foster Family Home **Records** **[17-1454-52]**

52.(a)(3) A list of applicable community resources.

Comment:

52.a.3. No community resource list noted in file.



Compliance Manager

Primary Care Giver

4/9/15

Date

4/9/2015

Date

April 10, 2015

To whom It May Concern,

So that I will not be late to remove my records, like my field prints, I will post a whole year calendar on my table so that I can monitor what's going on to all my records.

Very respectfully yours,
Julie Bonilla
Foster Home owner